

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	416	10/16
TYPIST	18	10/17
VERIFIER	VA 724	10/17
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	1	✓	10/16/94
2	4		
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15	10		
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11	20		
12	21	✓	10/17/94
23		✓	
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- Restricted
- ↑ Non-elected
- ↔ Interference
- ↑ Appeal
- 0 Objected

Claim	Date
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POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	416	One
TYPIST		18
VERIFIER		2-17
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Date
1	Original	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Indifference
A	Appealed
O	Objected

Claim	Date
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